

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7	1		1			
8		1				
9		1				
10		1				
11		1				
12		2				
13	1					
14		1				
15		3				
16		0				
17		0				
18		0				
19	1					
20		3				
21		0				
22		0				
23		0				
24		0				
25	1					
26		0				
27		1				
28	1					
29	1					
30	1					
31			1			
32				1		
33				1		
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42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48			1			
49						
50						
TOTAL IND.	8	↓	2	↓		↓
TOTAL DEP.	29	←	16	←		←
TOTAL CLAIMS	37		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						